



ANNUAL STATEMENT

For the Year Ended December 31, 2015

of the Condition and Affairs of the

CZECH CATHOLIC UNION

NAIC Group Code..... 0, 0	NAIC Company Code..... 56324	Employer's ID Number..... 34-0105780
(Current Period) (Prior Period)		
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized.....	Commenced Business.....	
Statutory Home Office	5349 DOLLOFF ROAD..... CLEVELAND OH US 44127	
	(Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	5349 DOLLOFF ROAD..... CLEVELAND OH US..... 44127	216-341-0444
	(Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Mail Address	5349 DOLLOFF ROAD..... CLEVELAND OH US 44127	
	(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	5349 DOLLOFF ROAD..... CLEVELAND OH US 44127	216-341-0444
	(Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Internet Web Site Address	WWW.CZECHCCU.ORG	
Statutory Statement Contact	ROBERT L CERMAK	216-341-0444
	(Name)	(Area Code) (Telephone Number) (Extension)
	INSURANCE@CZECHCCU.ORG	216-341-0711
	(E-Mail Address)	(Fax Number)

OFFICERS

Name	Title	Name	Title
1. ROBERT L CERMAK	PRESIDENT	2. JANE M MILCZEWSKI	SECRETARY
3. AUDREY SCHMIDT	1ST VICE PRESIDENT	4. STEIMLA & ASSOCIATES	ACTUARY

OTHER

DIRECTORS OR TRUSTEES

KARLA MAHONEY	DOLORES JACKLIN	JOSEPH KOCAB	CINDY KVETON
MARYANN LANGEVIN	ANITA SCHAFER #		

State of.....

County of.....

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
ROBERT L CERMAK	JANE M MILCZEWSKI	AUDREY SCHMIDT
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT	SECRETARY	1ST VICE PRESIDENT
(Title)	(Title)	(Title)

Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This _____ day of _____ 2016	b. If no	
	1. State the amendment number	_____
	2. Date filed	_____
	3. Number of pages attached	_____

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	16,152,605		16,152,605	15,021,856
2. Stocks (Schedule D):				
2.1 Preferred stocks.....	50,000		50,000	50,000
2.2 Common stocks.....	463,812		463,812	829,501
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....	43,428		43,428	44,786
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....737,534, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	737,534		737,534	1,118,232
6. Contract loans (including \$.....0 premium notes).....	142,555		142,555	144,424
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	17,589,934	0	17,589,934	17,208,799
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	198,343		198,343	135,407
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	210		210	866
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	17,788,487	0	17,788,487	17,345,072
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	17,788,487	0	17,788,487	17,345,072

DETAILS OF WRITE-INS

1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501.			0	
2502.			0	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Aggregate reserve for life certificates and contracts (Exhibit 5, Line 9999999) (including \$.....0 Modco Reserve).....	14,598,161	14,256,057
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 16, Col. 1) (including \$.....0 Modco Reserve).....		
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....		
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11).....	30,898	24,941
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11).....		
5. Refunds due and unpaid (Exhibit 4, Line 10).....		
6. Provision for refunds payable in following calendar year-estimated amounts:		
6.1 Apportioned for payment.....	40,000	40,000
6.2 Not yet apportioned.....		
7. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....0 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....	22,754	30,895
8. Contract liabilities not included elsewhere:		
8.1 Surrender values on canceled contracts.....		
8.2 Other amounts payable on reinsurance including \$.....0 assumed and \$.....0 ceded.....		
8.3 Interest Maintenance Reserve (IMR, Line 6).....	89,541	100,247
9. Commissions to fieldworkers due or accrued-life and annuity contracts \$.....0 ; accident and health \$.....0 and deposit-type contract funds \$.....0.....		
10. Commissions and expense allowances payable on reinsurance assumed.....		
11. General expenses due or accrued (Exhibit 2, Line 12, Col. 7).....	57,495	51,333
12. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves).....		
13. Taxes, licenses and fees due or accrued (Exhibit 3, Line 8, Col. 6).....	1,150	954
14. Unearned investment income.....		
15. Amounts withheld or retained by Society as agent or trustee.....	33,432	32,782
16. Amounts held for fieldworkers' account, including \$.....0 fieldworkers' credit balances.....		
17. Remittances and items not allocated.....		
18. Net adjustment in assets and liabilities due to foreign exchange rates.....		
19. Liability for benefits for employees and fieldworkers if not included above.....		
20. Borrowed money \$.....0 and interest thereon \$.....0.....		
21. Miscellaneous liabilities:		
21.1 Asset valuation reserve (AVR, Line 16, Col. 7).....	277,655	312,367
21.2 Reinsurance in unauthorized and certified (\$.....0) companies.....		
21.3 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....		
21.4 Payable to subsidiaries and affiliates.....		
21.5 Drafts outstanding.....		
21.6 Funds held under coinsurance.....		
21.7 Derivatives.....		
21.8 Payable for securities.....		
21.9 Payable for securities lending.....		
22. Aggregate write-ins for liabilities.....	9,000	0
23. Total liabilities excluding Separate Accounts business (Lines 1 to 22).....	15,160,086	14,849,576
24. From Separate Accounts statement.....		
25. Total liabilities (Lines 23 and 24).....	15,160,086	14,849,576
26. Aggregate write-ins for other than liabilities and surplus funds.....	0	0
27. Surplus notes.....		
28. Aggregate write-ins for surplus funds.....	0	0
29. Unassigned funds.....	2,628,401	2,495,496
30. Total (Lines 26 through 29) (Page 4, Line 47) (including \$.....0 in Separate Accounts statement).....	2,628,401	2,495,496
31. Totals (Lines 25 + 30) (Page 2, Line 28, Col. 3).....	17,788,487	17,345,072

DETAILS OF WRITE-INS		
2201. CONVENTION EXPENSE RESERVE.....	9,000	
2202.		
2203.		
2298. Summary of remaining write-ins for Line 22 from overflow page.....	0	0
2299. Totals (Lines 2201 thru 2203 plus 2298) (Line 22 above).....	9,000	0
2601.		
2602.		
2603.		
2698. Summary of remaining write-ins for Line 26 from overflow page.....	0	0
2699. Totals (Lines 2601 thru 2603 plus 2698) (Line 26 above).....	0	0
2801.		
2802.		
2803.		
2898. Summary of remaining write-ins for Line 28 from overflow page.....	0	0
2899. Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above).....	0	0

SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1).....	939,720	1,309,875
2. Considerations for supplementary contracts with life contingencies.....		
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	849,073	806,817
4. Amortization of Interest Maintenance Reserve (IMR, Line 5).....	11,735	13,176
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....		
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1).....		
7. Reserve adjustments on reinsurance ceded.....		
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....		
8.2 Charges and fees for deposit-type contracts.....		
8.3 Aggregate write-ins for miscellaneous income.....	9,283	6,673
9. Totals (Lines 1 to 8.3).....	1,809,811	2,136,541
10. Death benefits.....	190,667	201,556
11. Matured endowments (excluding guaranteed annual pure endowments).....		
12. Annuity benefits.....	756,147	377,497
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$0.....		
14. Surrender benefits and withdrawals for life contracts.....	49,155	68,074
15. Interest and adjustments on contract or deposit-type contracts funds.....		
16. Payments on supplementary contracts with life contingencies.....		
17. Increase in aggregate reserve for life and accident and health contracts.....	342,104	1,065,312
18. Totals (Lines 10 to 17).....	1,338,073	1,712,439
19. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1 less Col. 5).....		
20. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1 less Col. 5).....		
21. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6).....	268,131	339,403
22. Insurance taxes, licenses and fees (Exhibit 3, Line 6, Cols. 1, 2, 3 and 5).....	6,171	9,702
23. Increase in loading on deferred and uncollected premiums.....		
24. Net transfers to or (from) Separate Accounts net of reinsurance.....		
25. Aggregate write-ins for deductions.....	9,000	0
26. Totals (Lines 18 to 25).....	1,621,375	2,061,544
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	188,436	74,997
28. Refunds to members (Exhibit 4, Line 17, Cols. 1 + 2).....	35,427	30,679
29. Net gain from operations after refunds to members and before realized capital gains (losses) (Line 27 minus Line 28).....	153,009	44,318
30. Net realized capital gains (losses) less capital gains tax of \$0 (excluding \$1,029 transferred to the IMR).....	(7,777)	12,578
31. Net income (Lines 29 + 30).....	145,232	56,896
SURPLUS ACCOUNT		
32. Surplus, December 31, previous year (Page 3, Line 30, Col. 2).....	2,495,496	2,369,876
33. Net income from operations (Line 31).....	145,232	56,896
34. Change in net unrealized capital gains (losses) less capital gains tax of \$0.....	(47,039)	(4,479)
35. Change in net unrealized foreign exchange capital gain (loss).....		
36. Change in nonadmitted assets.....		
37. Change in liability for reinsurance in unauthorized and certified companies.....		
38. Change in reserve on account of change in valuation basis, (increase) or decrease.....		
39. Change in asset valuation reserve.....	34,712	75,347
40. Surplus (contributed to) withdrawn from Separate Accounts during period.....		
41. Other changes in surplus in Separate Accounts statement.....		
42. Change in surplus notes.....		
43. Cumulative effect of changes in accounting principles.....		
44. Change in surplus as a result of reinsurance.....		
45. Aggregate write-ins for gains and losses in surplus.....	0	(2,144)
46. Net change in surplus for the year (Lines 33 through 45).....	132,905	125,620
47. Surplus December 31, current year (Lines 32 + 46) (Page 3, Line 30).....	2,628,401	2,495,496
DETAILS OF WRITE-INS		
08.301. CONVENTION PROGRAM FEES.....		6,673
08.302. REFUNDS OF BROKER FEES.....	9,283	
08.303.		
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	9,283	6,673
2501. PROVISION FOR CONVENTION EXPENSE.....	9,000	
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	9,000	0
4501.		
4502. Audit Adjustment-Duplication of Consideration on Stock.....		(2,144)
4503.		
4598. Summary of remaining write-ins for Line 45 from overflow page.....	0	0
4599. Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above).....	0	(2,144)

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	932,235	1,336,564
2. Net investment income.....	811,312	823,678
3. Miscellaneous income.....	9,283	
4. Total (Lines 1 through 3).....	1,752,830	2,160,242
5. Benefit and loss related payments.....	990,012	647,460
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	267,434	308,112
8. Dividends paid to policyholders.....	35,427	40,679
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		
10. Total (Lines 5 through 9).....	1,292,873	996,251
11. Net cash from operations (Line 4 minus Line 10).....	459,957	1,163,991
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	686,496	1,293,608
12.2 Stocks.....	470,889	605,457
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	1,157,385	1,899,065
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	1,840,546	3,391,566
13.2 Stocks.....	160,014	388,437
13.3 Mortgage loans.....		
13.4 Real estate.....		1,186
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	2,000,560	3,781,190
14. Net increase (decrease) in contract loans and premium notes.....	(1,869)	(1,282)
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(841,306)	(1,880,843)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	651	2,089
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	651	2,089
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(380,698)	(714,763)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	1,118,232	1,832,995
19.2 End of year (Line 18 plus Line 19.1).....	737,534	1,118,232

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001		
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Insurance						8	9
		2	3	4	5	6	7		
	Total	Life Insurance	Individual Annuities	Supplementary Contracts	Accident and Health	Aggregate of All Other Lines of Business	Total (Columns 2) through 6)	Fraternal	Expense
1. Premiums and annuity considerations for life and accident and health contracts.....	939,720	90,740	848,980				939,720		
2. Considerations for supplementary contracts with life contingencies.....	0						0		
3. Net investment income.....	849,073	472,086	376,987				849,073		
4. Amortization of interest maintenance reserve (IMR).....	11,735	6,525	5,210				11,735		
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0						0		
6. Commissions and expense allowances on reinsurance ceded.....	0						0		
7. Reserve adjustments on reinsurance ceded.....	0						0		
8. Miscellaneous Income:									
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts.....	0						0		
8.2 Charges and fees for deposit-type contracts.....	0						0		
8.3 Aggregate write-ins for miscellaneous income.....	9,283	5,161	4,122	0	0	0	9,283	0	0
9. Totals (Lines 1 to 8.3).....	1,809,811	574,512	1,235,299	0	0	0	1,809,811	0	0
10. Death benefits.....	190,667	190,667					190,667		
11. Matured endowments (excluding guaranteed annual pure endowments).....	0						0		
12. Annuity benefits.....	756,147		756,147				756,147		
13. Disability benefits and benefits under accident and health contracts, including premiums waived \$0.	0						0		
14. Surrender benefits and withdrawals for life contracts.....	49,155	49,155					49,155		
15. Interest and adjustments on contract or deposit-type contract funds.....	0						0		
16. Payments on supplementary contracts with life contingencies.....	0						0		
17. Increase in aggregate reserve for life and accident and health certificates and contracts.....	342,104	14,180	327,924				342,104		
18. Totals (Lines 10 to 17).....	1,338,073	254,002	1,084,071	0	0	0	1,338,073	0	0
19. Commissions on premiums and annuity considerations and deposit-type funds (direct business only).....	0						0		
20. Commissions and expense allowances on reinsurance assumed.....	0						0		
21. General insurance expenses and fraternal expenses.....	268,131	112,609	112,609				225,218	42,913	
22. Insurance taxes, licenses and fees.....	6,171	2,645	2,645				5,290	881	
23. Increase in loading on deferred and uncollected premiums.....	0						0		
24. Net transfers to or (from) Separate Accounts net of reinsurance.....	0						0		
25. Aggregate write-ins for deductions.....	9,000	9,000	0	0	0	0	9,000	0	0
26. Totals (Lines 18 to 25).....	1,621,375	378,256	1,199,325	0	0	0	1,577,581	43,794	0
27. Net gain from operations before refunds to members (Line 9 minus Line 26).....	188,436	196,256	35,974	0	0	0	232,230	(43,794)	0
28. Refunds to members.....	35,427	35,427					35,427		
29. Net gain from operations after refunds to members and before realized capital gains or (losses) (Line 27 minus Line 28).....	153,009	160,829	35,974	0	0	0	196,803	(43,794)	0

DETAILS OF WRITE-INS

08.301. REFUND OF BROKER FEES.....	9,283	5,161	4,122				9,283		
08.302.	0						0		
08.303.	0						0		
08.398. Summary of remaining write-ins for Item 8.3 from overflow page.....	0	0	0	0	0	0	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398 above) (Line 8.3 above).....	9,283	5,161	4,122	0	0	0	9,283	0	0
2501. PROVISION FOR CONVENTION EXPENSE.....	9,000	9,000					9,000		
2502.	0						0		
2503.	0						0		
2598. Summary of remaining write-ins for Item 25 from overflow page.....	0	0	0	0	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598 above) (Line 25 above).....	9,000	9,000	0	0	0	0	9,000	0	0

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1	2	3	4
	Total	Life Insurance	Annuities	Supplementary Contracts
Involving Life or Disability Contingencies (Reserves)				
(Net of Reinsurance Ceded)				
1. Reserve December 31, prior year.....	14,256,057	6,609,934	7,646,123	
2. Tabular net premiums or considerations.....	908,408	59,428	848,980	
3. Present value of disability claims incurred.....	0			XXX
4. Tabular interest.....	532,764	297,673	235,091	
5. Tabular less actual reserve released.....	0			
6. Increase in reserve on account of change in valuation basis.....	0			
7. Other increases (net).....	0			
8. Totals (Lines 1 to 7).....	15,697,229	6,967,035	8,730,194	0
9. Tabular cost.....	179,161	179,161		XXX
10. Reserves released by death.....	114,358	114,358	XXX	XXX
11. Reserves released by other terminations (net).....	49,402	49,402		
12. Annuity, supplementary contract and disability payments involving life contingencies.....	756,147		756,147	
13. Net transfers to or (from) separate accounts.....	0			
14. Total deductions (Lines 9 to 13).....	1,099,068	342,921	756,147	0
15. Reserve December 31, current year.....	14,598,161	6,624,114	7,974,047	0

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....33,278	35,445
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....761,940	822,712
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	32,978	32,978
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....3,000	3,000
5. Contract loans.....	8,631	8,631
6. Cash, cash equivalents and short-term investments.....	(e).....5,324	5,324
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	0	0
10. Total gross investment income.....	845,151	908,090
11. Investment expenses.....		(g).....53,718
12. Investment taxes, licenses and fees, excluding federal income taxes.....		(g).....3,941
13. Interest expense.....		(h).....
14. Depreciation on real estate and other invested assets.....		(i).....1,358
15. Aggregate write-ins for deductions from investment income.....		0
16. Total deductions (Lines 11 through 15).....		59,017
17. Net investment income (Line 10 minus Line 16).....		849,073

DETAILS OF WRITE-INS

0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page.....		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....		0

- (a) Includes \$.....5,673 accrual of discount less \$.....30,000 amortization of premium and less \$.....15,890 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....3,000 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....1,358 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	32	.....	.....32	.....	.....
1.1 Bonds exempt from U.S. tax.....	.....	.....	.....0	.....	.....
1.2 Other bonds (unaffiliated).....	997	.....	.....997	(3)	.....
1.3 Bonds of affiliates.....	.....	.....	.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	.....0	.....	.....
2.2 Common stocks (unaffiliated).....	(7,777)	.....	.....(7,777)	(47,036)	.....
2.21 Common stocks of affiliates.....	.....	.....	.....0	.....	.....
3. Mortgage loans.....	.....	.....	.....0	.....	.....
4. Real estate.....	.....	.....	.....0	.....	.....
5. Contract loans.....	.....	.....	.....0	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....	.....	.....0	.....	.....
7. Derivative instruments.....	.....	.....	.....0	.....	.....
8. Other invested assets.....	.....	.....	.....0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	0	0	0	0	0
10. Total capital gains (losses).....	(6,748)	0	(6,748)	(47,039)	0

DETAILS OF WRITE-INS

0901.			0		
0902.			0		
0903.			0		
0998. Summary of remaining write-ins for Line 9 from overflow page....	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0	0	0	0

EXHIBIT 1 - PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

	1 Total	Insurance				6 Total (Columns 2 through 5)	7 Fraternal	8 Expense
		2 Life Insurance	3 Individual Annuities	4 Accident and Health	5 Aggregate of All Other Lines of Business			
FIRST YEAR (other than single)								
1. Uncollected.....	0					0		
2. Deferred and accrued.....	0					0		
3. Deferred, accrued & uncollected:								
3.1 Direct.....	0					0		
3.2 Reinsurance assumed.....	0					0		
3.3 Reinsurance ceded.....	0					0		
3.4 Net (Line 1 + Line 2).....	0	0	0	0	0	0	0	0
4. Advance.....	0					0		
5. Line 3.4 - Line 4.....	0	0	0	0	0	0	0	0
6. Collected during year:								
6.1 Direct.....	559,892	70,869	489,023			559,892		
6.2 Reinsurance assumed.....	0					0		
6.3 Reinsurance ceded.....	0					0		
6.4 Net.....	559,892	70,869	489,023	0	0	559,892	0	0
7. Line 5 + Line 6.4.....	559,892	70,869	489,023	0	0	559,892	0	0
8. Prior year (uncollected + deferred and accrued - advance).....	0					0		
9. First year premiums and considerations:								
9.1 Direct.....	559,892	70,869	489,023			559,892		
9.2 Reinsurance assumed.....	0					0		
9.3 Reinsurance ceded.....	0					0		
9.4 Net (Line 7 - Line 8).....	559,892	70,869	489,023	0	0	559,892	0	0
SINGLE								
10. Single premiums and considerations:								
10.1 Direct.....	113	113				113		
10.2 Reinsurance assumed.....	0					0		
10.3 Reinsurance ceded.....	0					0		
10.4 Net.....	113	113	0	0	0	113	0	0
RENEWAL								
11. Uncollected.....	0					0		
12. Deferred and accrued.....	0					0		
13. Deferred, accrued & uncollected:								
13.1 Direct.....	0					0		
13.2 Reinsurance assumed.....	0					0		
13.3 Reinsurance ceded.....	0					0		
13.4 Net (Line 11 + Line 12).....	0	0	0	0	0	0	0	0
14. Advance.....	22,754	22,754				22,754		
15. Line 13.4 - Line 14.....	(22,754)	(22,754)	0	0	0	(22,754)	0	0
16. Collected during year:								
16.1 Direct.....	371,911	11,954	359,957			371,911		
16.2 Reinsurance assumed.....	0					0		
16.3 Reinsurance ceded.....	337	337				337		
16.4 Net.....	371,574	11,617	359,957	0	0	371,574	0	0
17. Line 15 + Line 16.4.....	348,820	(11,137)	359,957	0	0	348,820	0	0
18. Prior year (uncollected + deferred and accrued - advance).....	(30,895)	(30,895)				(30,895)		
19. Renewal premiums and considerations:								
19.1 Direct.....	380,052	20,095	359,957			380,052		
19.2 Reinsurance assumed.....	0					0		
19.3 Reinsurance ceded.....	337	337				337		
19.4 Net (Line 17 - Line 18).....	379,715	19,758	359,957	0	0	379,715	0	0
TOTAL								
20. Total premiums and annuity considerations:								
20.1 Direct.....	940,057	91,077	848,980	0	0	940,057	0	0
20.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded.....	337	337	0	0	0	337	0	0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	939,720	90,740	848,980	0	0	939,720	0	0

EXHIBIT 1 - PART 2 - REFUNDS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE

ALLOWANCES AND COMMISSIONS INCURRED (direct business only)

	1	Insurance					7	8
		2	3	4	5	6		
	Total	Life Insurance	Individual Annuities	Accident and Health	Aggregate of All Other Lines of Business	Total (Columns 2 through 5)	Fraternal	Expense
REFUNDS APPLIED (included in Part 1)								
21. To pay renewal premiums.....	0					0		
22. All other.....	35,427	35,427				35,427		
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED								
23. First year (other than single):								
23.1 Reinsurance ceded.....	0					0		
23.2 Reinsurance assumed.....	0					0		
23.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
24. Single:								
24.1 Reinsurance ceded.....	0					0		
24.2 Reinsurance assumed.....	0					0		
24.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
25. Renewal:								
25.1 Reinsurance ceded.....	0					0		
25.2 Reinsurance assumed.....	0					0		
25.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
26. Totals:								
26.1 Reinsurance ceded (Page 6, Line 6).....	0	0	0	0	0	0	0	0
26.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0
26.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0
COMMISSIONS INCURRED (direct business only)								
27. First year (other than single).....	0					0		
28. Single.....	0					0		
29. Renewal.....	0					0		
30. Deposit-type contract funds.....	0					0		
31. Totals (to agree with Page 6, Line 19).....	0	0	0	0	0	0	0	0

EXHIBIT 2 - GENERAL EXPENSES

		Insurance				5	6	7
		1	Accident and Health		4			
			2	3				
		Life	Cost Containment	All Other	Aggregate of All Other Lines of Business	Investment	Fraternal	Total
1.	Rent.....	1,500				1,500		3,000
2.	Salaries and wages.....	58,521				46,817	11,704	117,042
3.11	Insured benefit plans for employees.....							0
3.12	Insured benefit plans for fieldworkers.....							0
3.21	Uninsured benefit plans for employees.....							0
3.22	Uninsured benefit plans for fieldworkers.....							0
3.31	Other employee welfare.....							0
3.32	Other fieldworker welfare.....							0
4.1	Legal fees and expenses.....							0
4.2	Medical examination fees.....							0
4.3	Inspection report fees.....							0
4.4	Fees of public accountants and consulting actuaries.....	102,595						102,595
4.5	Expense of investigation and settlement of certificate claims.....							0
5.1	Traveling expenses.....	1,626						1,626
5.2	Advertising.....	9,464						9,464
5.3	Postage, express, telegraph and telephone.....	5,176						5,176
5.4	Printing and stationery.....	1,898						1,898
5.5	Cost or depreciation of furniture and equipment.....							0
5.6	Rental of equipment.....	2,865						2,865
5.7	Cost or depreciation of EDP equipment and software.....							0
5.8	Lodge supplies less \$.....0 from sales.....	1,164						1,164
6.1	Books and periodicals.....							0
6.2	Bureau and association dues.....	1,706						1,706
6.3	Insurance, except on real estate.....	11,042						11,042
6.4	Miscellaneous losses.....							0
6.5	Collection and bank service charges.....							0
6.6	Sundry general expenses.....	842						842
7.1	Field expense allowance.....							0
7.2	Fieldworkers' balances charged off (less \$.....0 recovered).....							0
7.3	Field conferences other than local meetings.....							0
8.1	Official publications.....	6,600					15,392	21,992
8.2	Expense of Supreme Lodge Meetings.....	3,562						3,562
9.1	Real estate expenses.....	5,015				5,014		10,029
9.2	Investment expenses not included elsewhere.....					387		387
9.3	Aggregate write-ins for expenses.....	11,642	0	0	0	0	15,817	27,459
10.	General Expenses Incurred.....	225,218	0	0	0	53,718	(a).....42,913	(b).....321,849
11.	General expenses unpaid December 31, prior year.....	50,824				309		51,133
12.	General expenses unpaid December 31, current year.....	57,203				293		57,496
13.	General expenses paid during year (Lines 10 + 11 - 12).....	218,839	0	0	0	53,734	42,913	315,486

DETAILS OF WRITE-INS

09.301	EDUCATION SCHOLARSHIP AWARDS.....						13,600	13,600
09.302	FRATERNAL & CHARITABLE DONATIONS.....						2,217	2,217
09.303	DATA PROCESSING FEES AND SUPPLIES.....	11,642						11,642
09.398	Summary of remaining write-ins for Line 9.3 from overflow page.....	0	0	0	0	0	0	0
09.399	Totals (Lines 09.301 thru 09.303 plus 09.398)(Line 9.3 above).....	11,642	0	0	0	0	15,817	27,459

(a) Show the distribution of this amount in the following categories:

1. Charitable \$.....2,217; 2. Institutional \$.....0; 3. Recreational and Health \$.....0; 4. Educational \$.....13,600
5. Religious \$.....0; 6. Membership \$.....27,096; 7. Other \$.....0; 8. Total \$.....42,913

(b) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT 3 - TAXES, LICENSES AND FEES

		Insurance			4	5	6
		1	2	3			
		Life	Accident and Health	Aggregate of All Other Lines of Business			
1.	Real estate taxes.....						0
2.	State insurance department licenses and fees.....	250					250
3.	Other state taxes, including \$....216 for employee benefits.....	216					216
4.	U.S. Social Security taxes.....	4,362			3,488	872	8,722
5.	All other taxes.....	462			453	9	924
6.	Taxes, licenses and fees Incurred.....	5,290	0	0	3,941	881	10,112
7.	Taxes, licenses and fees unpaid December 31, prior year.....				954		954
8.	Taxes, licenses and fees unpaid December 31, current year.....	679			460	11	1,150
9.	Taxes, licenses and fees paid during year (Lines 6 + 7 - 8).....	4,611	0	0	4,435	870	9,916

EXHIBIT 4 - DIVIDENDS OR REFUNDS

		1	2
		Life	Accident and Health
1.	Applied to pay renewal premiums.....		
2.	Applied to shorten the endowment or premium-paying period.....		
3.	Applied to provide paid-up additions.....	35,427	
4.	Applied to provide paid-up annuities.....		
5.	Total (Lines 1 to 4).....	35,427	0
6.	Paid-in cash.....		
7.	Left on deposit.....		
8.	Aggregate write-ins for dividend or refund.....	0	0
9.	Total (Lines 5 to 8).....	35,427	0
10.	Amount due and unpaid.....		
11.	Provision for dividends or refunds payable in the following calendar year.....	40,000	
12.	Terminal dividends.....		
13.	Provision for deferred dividend contracts.....		
14.	Amount provisionally held for deferred dividend contracts not included in Line 13.....		
15.	Total (Lines 10 through 14).....	40,000	0
16.	Total from prior year.....	40,000	
17.	Total dividends or refunds (Line 9 + 15 - 16).....	35,427	0

DETAILS OF WRITE-INS

0801.	.....		
0802.	.....		
0803.	.....		
0898.	Summary of remaining write-ins for Line 8 from overflow page.....	0	0
0899.	Totals (Line 0801 thru 0803 plus 0898) (Line 8 above).....	0	0

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
Valuation Standard	Total	Industrial	Ordinary	Credit (Group and Individual)	Group
Life Insurance:					
0100001. A AMERICAN EXPERIENCE.....AE 4%.....	10,532	.....	.....10,532	.....	.....
0100002. B AMERICAN EXPERIENCE.....AE 3.5%.....	62,810	.....	.....62,810	.....	.....
0100003. C AMERICAN EXPERIENCE.....AE 3%.....	930,488	.....	.....930,488	.....	.....
0100004. D 1958 CSO.....1958 CSO 2.5%.....	670,696	.....	.....670,696	.....	.....
0100005. E 1980 CSO.....1980 CSO 5%.....	2,747,466	.....	.....2,747,466	.....	.....
0100006. F 1980 CSO.....1980 CSO 4.5%, 4%.....	1,782,870	.....	.....1,782,870	.....	.....
0100007. G 2001 CSO.....2001 CSO 4%.....	192,203	.....	.....192,203	.....	.....
0100008. H 2001 CSO.....2001 CSO 3.5%.....	83,774	.....	.....83,774	.....	.....
0199997. Totals (Gross).....	6,480,839	0	6,480,839	0	0
0199999. Totals (Net).....	6,480,839	0	6,480,839	0	0
Annuities (excluding supplementary contracts with life contingencies):					
0200001. ACCUMULATION AT 4.5%.....	148,624	XXX.....	148,624	XXX.....	.....
0200002. ACCUMULATION AT 4.0%.....	230,050	XXX.....	230,050	XXX.....	.....
0200003. ACCUMULATION AT 3.0%.....	3,565,694	XXX.....	3,565,694	XXX.....	.....
0200004. ACCUMULATION AT 2.0%.....	1,109,438	XXX.....	1,109,438	XXX.....	.....
0200005. ACCUMULATION AT 1.0%.....	2,920,241	XXX.....	2,920,241	XXX.....	.....
0299997. Totals (Gross).....	7,974,047	XXX.....	7,974,047	XXX.....	0
0299999. Totals (Net).....	7,974,047	XXX.....	7,974,047	XXX.....	0
Accidental Death Benefits:					
0400001. 1959 ADB & 1980 CSO AT 5%.....	741	.....	.....741	.....	.....
0499997. Totals (Gross).....	741	0	741	0	0
0499999. Totals (Net).....	741	0	741	0	0
Miscellaneous Reserves:					
0700001. UNIFORM DISTRIBUTION.....	444	.....	.....444	.....	.....
0700002. NDDFP.....	388	.....	.....388	.....	.....
0700003. IPDC.....	91,702	.....	.....91,702	.....	.....
0700004. EXTRA MORTALITY.....	50,000	.....	.....50,000	.....	.....
0799997. Totals (Gross).....	142,534	0	142,534	0	0
0799999. Totals (Net).....	142,534	0	142,534	0	0
9999999. Totals (Net) - Page 3, Line 1.....	14,598,161	0	14,598,161	0	0

CZECH CATHOLIC UNION

EXHIBIT 5 - INTERROGATORIES

- | | | | |
|--|--|---------|--------|
| 1.1 | Has the reporting entity ever issued both participating and non-participating contracts? | Yes [] | No [X] |
| 1.2 | If not, state which kind is issued
PARTICIPATING | | |
| 2.1 | Does the reporting entity at present issue both participating and non-participating contracts? | Yes [] | No [X] |
| 2.2 | If not, state which kind is issued
PARTICIPATING | | |
| 3. | Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions. | Yes [] | No [X] |
| 
* 5 6 3 2 4 2 0 1 5 3 7 0 0 0 0 0 * | | | |
| 4. | Has the reporting entity any assessment or stipulated premium contracts in force? If so, state: | Yes [] | No [X] |
| 4.1 | Amount of insurance: | \$..... | |
| 4.2 | Amount of reserve: | \$..... | |
| 4.3 | Basis of reserve: | | |
| 4.4 | Basis of regular assessments: | | |
| 4.5 | Basis of special assessments: | | |
| 4.6 | Assessments collected during year: | \$..... | |
| 5. | If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts. | | |
| 6. | Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? | Yes [] | No [X] |
| 6.1 | If so, state the amount of reserve on such contracts on the basis actually held: | \$..... | |
| 6.2 | That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:
Attach statement of methods employed in their valuation. | \$..... | |
| 7. | Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? | Yes [] | No [X] |
| 7.1 | If yes, state the total dollar amount of assets covered by these contracts or agreements: | \$..... | |
| 7.2 | Specify the basis (fair value, amortized cost, etc.) for determining the amount: | | |
| 7.3 | State the amount of reserves established for this business: | \$..... | |
| 7.4 | Identify where the reserves are reported in the blank. | | |
| 8. | Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December of the current year? | Yes [] | No [X] |
| 8.1 | If yes, state the total dollar amount of account value covered by these contracts or agreements. | \$..... | |
| 8.2 | State the amount of reserves established for this business. | \$..... | |
| 8.3 | Identify where the reserves are reported in the blank. | | |
| 9. | Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? | Yes [] | No [X] |
| 9.1 | If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders. | \$..... | |
| 9.2 | State the amount of reserves established for this business. | \$..... | |
| 9.3 | Identify where the reserves are reported in the blank. | | |

EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR

1	Valuation Basis		4
	2	3	
Description of Valuation Class	Changed From	Changed To	Increase in Actuarial Reserve Due to Change

NONE

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

	1	2	Other Individual Contracts				
			3	4	5	6	7
	Total	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
ACTIVE LIFE RESERVE							
1. Unearned premium reserves.....	0	.....	.....	.....	.....	.....	.....
2. Additional contract reserves (a).....	0	.....	.....	.....	.....	.....	.....
3. Additional actuarial reserves-Asset/Liability analysis.....	0	.....	.....	.....	.....	.....	.....
4. Reserve for future contingent benefits.....	0	.....	.....	.....	.....	.....	.....
5. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0
6. Totals (Gross).....	0	0	0	0	0	0	0
7. Reinsurance ceded.....	0	.....	.....	.....	.....	.....	.....
8. Totals (Net).....	0	0	0	0	0	0	0
CLAIM RESERVE							
9. Present value of amounts not yet due on claims.....	0	.....	.....	.....	.....	.....	.....
10. Additional actuarial reserves-Asset/Liability analysis.....	0	.....	.....	.....	.....	.....	.....
11. Reserve for future contingent benefits.....	0	.....	.....	.....	.....	.....	.....
12. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0
13. Totals (Gross).....	0	0	0	0	0	0	0
14. Reinsurance ceded.....	0	.....	.....	.....	.....	.....	.....
15. Totals (Net).....	0	0	0	0	0	0	0
16. TOTAL (Net).....	0	0	0	0	0	0	0
17. TABULAR FUND INTEREST.....	0	.....	.....	.....	.....	.....	.....

DETAILS OF WRITE-INS

0501.	0	.....	.....	.....	.....	.....	.....
0502.	0	.....	.....	.....	.....	.....	.....
0503.	0	.....	.....	.....	.....	.....	.....
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 + 0598) (Line 5 above)	0	0	0	0	0	0	0
1201.	0	.....	.....	.....	.....	.....	.....
1202.	0	.....	.....	.....	.....	.....	.....
1203.	0	.....	.....	.....	.....	.....	.....
1298. Summary of remaining write-ins for Line 12 from overflow page.....	0	0	0	0	0	0	0
1299. Totals (Lines 1201 thru 1203 + 1298) (Line 12 above)	0	0	0	0	0	0	0

(a) Attach statement as to valuation standard used in calculating this reserve, specify reserve bases, interest rates and method.

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at beginning of the year before reinsurance.....	0	.....	.....	.....	.....	.....
2. Deposits received during the year.....	0	.....	.....	.....	.....	.....
3. Investment earnings credited to the account.....	0	.....	.....	.....	.....	.....
4. Other net change in reserves.....	0	.....	.....	.....	.....	.....
5. Fees and other charges assessed.....	0	.....	.....	.....	.....	.....
6. Surrender charges.....	0	.....	.....	.....	.....	.....
7. Net surrender or withdrawal payments.....	0	.....	.....	.....	.....	.....
8. Other net transfers to or (from) Separate Accounts.....	0	.....	.....	.....	.....	.....
9. Balance at the end of the current year before reinsurance (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7 - 8).....	0	0	0	0	0	0
10. Reinsurance balance at the beginning of the year.....	0	.....	.....	.....	.....	.....
11. Net change in reinsurance assumed.....	0	.....	.....	.....	.....	.....
12. Net change in reinsurance ceded.....	0	.....	.....	.....	.....	.....
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12).....	0	0	0	0	0	0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)....	0	0	0	0	0	0

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 1 - Liability End of Current Year

	1	2	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance	Annuities	Group	Credit (Group and Individual)	Other
1. Due and unpaid:											
1.1 Direct.....	20,898		20,898								
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	20,898	0	20,898	0	0	0	0	0	0	0	0
2. In course of settlement:											
2.1 Resisted:											
2.11 Direct.....	0										
2.12 Reinsurance assumed.....	0										
2.13 Reinsurance ceded.....	0										
2.14 Net.....	0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	0	0	0	0
2.2 Other:											
2.21 Direct.....	0										
2.22 Reinsurance assumed.....	0										
2.23 Reinsurance ceded.....	0										
2.24 Net.....	0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....0
3. Incurred but unreported:											
3.1 Direct.....	10,000		10,000								
3.2 Reinsurance assumed.....	0										
3.3 Reinsurance ceded.....	0										
3.4 Net.....	10,000	0	(b).....10,000	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....0
4. Totals:											
4.1 Direct.....	30,898	0	30,898	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
4.4 Net.....	30,898	(a).....0	(a).....30,898	0	0	0	(a).....0	0	0	0	0

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$.....0 in Column 2, \$.....0 in Column 3 and \$.....0 in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Ordinary Life Insurance \$.....0, Individual Annuities \$.....0, Credit Life (Group and Individual) \$.....0, and Group Life \$.....0, are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$.....0, Credit (Group and Individual) Accident and Health \$.....0 and Other Accident and Health \$.....0 are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

EXHIBIT 8 - CONTRACT CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 2 - Incurred During the Year

	1	2	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
	Total	Industrial Life (a)	Life Insurance (b)	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance (c)	Annuities	Group	Credit (Group and Individual)	Other
1. Settlements during the year:											
1.1 Direct.....	940,857		184,710	756,147							
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	(d) 940,857	0	184,710	756,147	0	0	0	0	0	0	0
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	30,898	0	30,898	0	0	0	0	0	0	0	0
2.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
2.4 Net.....	30,898	0	30,898	0	0	0	0	0	0	0	0
3. Amounts recoverable from reinsurers Dec. 31, current year.....	0										
4. Liability December 31, prior year:											
4.1 Direct.....	24,941		24,941								
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	0										
4.4 Net.....	24,941	0	24,941	0	0	0	0	0	0	0	0
5. Amounts recoverable from reinsurers December 31, prior year.....	0										
6. Incurred benefits:											
6.1 Direct.....	946,814	0	190,667	756,147	0	0	0	0	0	0	0
6.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded.....	0	0	0	0	0	0	0	0	0	0	0
6.4 Net.....	946,814	0	190,667	756,147	0	0	0	0	0	0	0

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(d) Includes \$.....0 premiums waived under total and permanent disability benefits.

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....			0
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other than invested assets.....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	0	0	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	0	0	0

DETAILS OF WRITE-INS

1101.			0
1102.			0
1103.			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0
2501.			0
2502.			0
2503.			0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0

NOTES TO FINANCIAL STATEMENTS

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Accounting Practices

	State of Domicile	2015	2014
NET INCOME			
(1) CZECH CATHOLIC UNION state basis (Page 4, Line 31, Columns 1 & 2)	OH	145,232	56,896
(2) State Prescribed Practices that increase/(decrease) NAIC SAP			
(3) State Permitted Practices that increase/(decrease) NAIC SAP			
(4) NAIC SAP (1 – 2 – 3 = 4)	OH	145,232	56,896
SURPLUS			
(5) CZECH CATHOLIC UNION state basis (Page 3, line 30, Columns 1 & 2)	OH	2,628,401	2,495,496
(6) State Prescribed Practices that increase/(decrease) NAIC SAP			
(7) State Permitted Practices that increase/(decrease) NAIC SAP			
(8) NAIC SAP (5 – 6 – 7 = 8)	OH	2,628,401	2,495,496

B. Use of Estimates in the Preparation of the Financial Statement - None.

C. Accounting Policy

NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS - NONE.

NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL - NOT APPLICABLE.

NOTE 4 – DISCONTINUED OPERATIONS - NOT APPLICABLE

NOTE 5 – INVESTMENTS

A. Mortgage Loans, including Mezzanine Real Estate Loans - NONE.

B. Debt Restructuring - NONE.

C. Reverse Mortgages - NONE.

D. Loan-Backed Securities - NONE.

E. Repurchase Agreements and/or Securities Lending Transactions - NONE.

F. Real Estate - NONE.

G. Investments in Low-Income Housing Trade Credits (LIHTC) - NONE.

H. Restricted Assets - NONE.

I. Working Capital Finance Investments - NONE.

J. Offsetting and Netting of Assets and Liabilities - NONE.

K. Structured Notes - NONE.

NOTE 6 – JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES - NOT APPLICABLE

NOTE 7 – INVESTMENT INCOME

A. Due and accrued income was excluded from Investment Income from Bonds where collection of the amount is uncertain.

B. The amount excluded was \$0.

NOTE 8 – DERIVATIVE INSTRUMENTS - NONE.

NOTES TO FINANCIAL STATEMENTS

NOTE 9 – INCOME TAXES - NOT APPLICABLE.

NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES - NOT APPLICABLE.

NOTE 11 – DEBT - NONE.

NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS - NOT APPLICABLE.

NOTE 13 – CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS - NOT APPLICABLE.

NOTE 14 – LIABILITIES, CONTINGENCIES AND ASSESSMENTS - NOT APPLICABLE.

NOTE 15 – LEASES - NONE.

NOTE 16 – INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK - NOT APPLICABLE.

NOTE 17 – SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES - NOT APPLICABLE.

NOTE 18 – GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE PORTION OF PARTIALLY INSURED PLANS - NOT APPLICABLE.

NOTE 19 – DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS - NONE.

NOTE 20 – FAIR VALUE MEASUREMENTS

A.

(1) Fair Value Measurements at Reporting Date

Assets at Fair Value	Level 1	Level 2	Level 3	Total
COMMON STOCK	463,812			463,812
Total	463,812			463,812
Liabilities at Fair Value	Level 1	Level 2	Level 3	Total
Total				

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

a. Assets	Beginning Balance at 1/1/2014	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2014
Total										
b. Liabilities	Beginning Balance at 1/1/2014	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2014
Total										

(3) Policy for determining when transfers between levels are reconized - Not Applicable.

(4)

(5)

B.

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
BONDS	15,794,805	16,152,605		15,794,805		
PREFERRED STOCKS	50,350	50,000		50,350		
COMMON STOCKS	463,812	463,812	463,812			
CASH & SHORT-TERM INVESTMENTS	737,534	737,534	737,534			
Total	17,406,501	17,403,951	1,201,346	15,845,155		

D. Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
		0.000		
Total				

NOTES TO FINANCIAL STATEMENTS

NOTE 21 – OTHER ITEMS - NONE.

NOTE 22 – EVENTS SUBSEQUENT - NONE.

NOTE 23. – REINSURANCE

A. Ceded Reinsurance Report

Section1 – General Interrogatories

- (1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? NO
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? NO

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? NO

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$0
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? NO

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?NO

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments?
\$

B. Uncollectible Reinsurance

- (1) CZECH CATHOLIC UNION has written off in the current year reinsurance balances due from the entities listed below, the amount of:

a.	Claims incurred	
b.	Claims adjustment expenses incurred	
c.	Premiums earned	
d.	Other	
	Entity	Amount

C. Commutation of Ceded Reinsurance

CZECH CATHOLIC UNION has reported in its operations in the current year as a result of commutation of reinsurance with the companies listed below, amounts that are reflected as:

(1)	Claims incurred	
(2)	Claims adjustment expenses incurred	
(3)	Premiums earned	
(4)	Other	
	Entity	Amount

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

NOTES TO FINANCIAL STATEMENTS

(1) Reporting Entity Ceding to Certified Reinsurer Whose Rating was Downgraded or Status Subject to Revocation

a.

Name of Certified Reinsurer	Relationship to Reporting Entity	Date of Action	Jurisdiction of Action	Before	After	Net Obligation Subject to Collateral	Collateral Required (But Not Received)
				0.000	0.000		

(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation

a.

Date of Action	Jurisdiction of Action	Before	After	Net Obligation Subject to Collateral	Collateral Required (But Not Received)
		0.000	0.000		

NOTE 24. – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDTERMINATION - NOT APPLICABLE.

NOTE 25. – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES - NOT APPLICABLE.

NOTE 26. – INTERCOMPANY POOLING ARRANGEMENTS - NOT APPLICABLE.

NOTE 27. –STRUCTURED SETTLEMENTS - NOT APPLICABLE.

NOTE 28. –HEALTH CARE RECEIVABLES - NOT APPLICABLE.

NOTE 29. – PARTICIPATING POLICIES

- A. For the year 2015, 100% of the life business is participating.
- B. Dividends are accounted for as shown in Exhibit 4.
- C. The Union paid dividends in the amount of \$35,427 to policyholders.
- D. The Union did not allocate any additional income to participating policies.

NOTE 30. – PREMIUM DEFICIENCY RESERVES - NOT APPLICABLE

NOTE 31. – RESERVES FOR LIFE CONTRACTS AND ANNUITY CONTRACTS

- (1) The Union waives deduction of deferred fractional premiums upon death of insured and returns any portion of final premium beyond the date of death.Surrender values are not promised in excess of the legally computed reserves.
- (2) Extra premiums - not applicable
- (3) Not applicable.
- (4) The Tabular Interest (page 7, line 4) has been determined from the basic data for the calculation of policy reserves. The Tabular Less Actual Reserve Released (page 7, line 5) has been determined from the basic data for the calculation of policy reserves and the actual reserves released. The Tabular Cost (page 7, line 9) has been determined by formula as described in the instructions for page 7.
- (5) For the determination of Tabular Interest on funds not involving life contingencies for each valuation rate of interest, the tabular interest is calculated as one hundredth of the product as such valuation rate of interest times the mean of the amount of funds subject to such valuation rate of interest held at the beginning and end of the year of valuation.
- (6) The details for other changes: - None.

NOTE 32. – ANALYSIS OF ANNUITY ACTUARIAL RESERVES AND DEPOSIT LIABILITIES BY WITHDRAWAL CHARACTERISTICS

A.	Subject to Discretionary Withdrawal:		General Accounts	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
	(1)	With fair value adjustment					0.000
	(2)	At book value less current surrender charge of 5% or more					0.000
	(3)	At fair value					0.000
	(4)	Total with adjustment or at fair value (total of 1 through 3)					0.000
	(5)	At book value without adjustment (minimal or no charge or adjustment)	7,974,047			7,974,047	100.000
B.	Not subject to discretionary withdrawal						0.000
C.	Total (gross: direct + assumed)		7,947,047			7,974,047	100.000
D.	Reinsurance ceded						
E.	Total (net (C) - (D))		7,974,047			7,974,047	

F. Life and Accident & Health Annual Statement:

(1)	Exhibit 5, Annuities, Total (net)	7,974,047
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NOTES TO FINANCIAL STATEMENTS

(2)	Exhibit 5, Supplementary contracts with life contingencies, Total (net)	
(3)	Exhibit 7, Deposit-type contracts, Line 14, Column 1	
(4)	Subtotal	7,974,047
Separate Accounts Statement:		
(5)	Exhibit 3, Line 0299999, Column 2	
(6)	Exhibit 3, Line 0399999, Column 2	
(7)	Policyholder dividend and coupon accumulations	
(8)	Policyholder premiums	
(9)	Guaranteed interest contracts	
(10)	Other contract deposit funds	
(11)	Subtotal	
(12)	Combined Total	7,974,047

G. FHLB (Federal Home Loan Bank) Agreements

		Current Year	Prior Year
(2)	FHLB stock purchased owned as part of the agreement		
(3)	Collateral pledged to the FHLB		
(4)	Funding capacity currently available		
(5)	Total reserves related to funding agreement		
(6)	Agreement assets and liabilities		
	General Account:		
	a.	Assets	
	b.	Liabilities	
	Separate Account:		
	c.	Assets	
	d.	Liabilities	

NOTE 33. –PREMIUM AND ANNUITY CONSIDERATIONS DEFERRED AND UNCOLLECTED

A. Deferred and uncollected life insurance premiums and annuity considerations as of December 31, 2014 were:

		Gross	Net of Loading
(1)	Industrial		
(2)	Ordinary new business		
(3)	Ordinary renewal	210	210
(4)	Credit life		
(5)	Group life		
(6)	Group annuity		
(7)	Totals	210	210

NOTE 34. – SEPARATE ACCOUNTS - NONE.

NOTE 35. – LOSS/CLAIM ADJUSTMENT EXPENSES - NONE.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A and 2.

Yes [] No [X]

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [] No [] N/A [X]

1.3

State regulating?
OHIO

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]

2.2

If yes, date of change:

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

08/26/2014

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2013

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

01/26/2015

3.4

By what department or departments?
Ohio Department of Insurance

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

Yes [] No [] N/A [X]

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11

sales of new business?

Yes [] No [X]

4.12

renewals?

Yes [] No [X]

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21

sales of new business?

Yes [] No [X]

4.22

renewals?

Yes [] No [X]

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]

5.2

If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]

6.2

If yes, give full information:

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [] No [X]

7.2

If yes,

7.21

State the percentage of foreign control

%

7.22

State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact).

1	2
Nationality	Type of Entity

8.1

Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?

Yes [] No [X]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]

8.4

If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
JAMES G ZUPKA CPA INC. 5240 E98TH ST. CLEVELAND, OH. 44125

10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]

10.2

If the response to 10.1 is yes, provide information related to this exemption:

10.3

Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]

10.4

If the response to 10.3 is yes, provide information related to this exemption:

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [X] No [] N/A []

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 10.6

If the response to 10.5 is no or n/a, please explain:
11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Joe Steimla & Associates, Inc. Joseph H. Steimla, Actuary 2867 Gypsum Circle, Naperville, IL 60564
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [☐] No [☒ X]
- 12.11

Name of real estate holding company
- 12.12

Number of parcels involved

0
- 12.13

Total book/adjusted carrying value

\$0
- 12.2

If yes, provide explanation
13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [☒ X] No [☐]
- 13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [☐] No [☒ X]
- 13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [☐] No [☐] N/A [☒ X]
- 14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [☒ X] No [☐]
- (a)

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b)

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c)

Compliance with applicable governmental laws, rules and regulations;
- (d)

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e)

Accountability for adherence to the code.
- 14.11

If the response to 14.1 is no, please explain:
- 14.2

Has the code of ethics for senior managers been amended?

Yes [☐] No [☒ X]
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [☐] No [☒ X]
- 14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1

Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes [☐] No [☒ X]
- 15.2

If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

BOARD OF DIRECTORS

16.

Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof?

Yes [☒ X] No [☐]
17.

Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes [☒ X] No [☐]
18.

Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes [☒ X] No [☐]

FINANCIAL

19.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes [☐] No [☒ X]
- 20.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11

To directors or other officers

\$0
- 20.12

To stockholders not officers

\$0
- 20.13

Trustees, supreme or grand (Fraternal only)

\$0
- 20.2

Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21

To directors or other officers

\$0
- 20.22

To stockholders not officers

\$0
- 20.23

Trustees, supreme or grand (Fraternal only)

\$0
- 21.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement?

Yes [☐] No [☒ X]
- 21.2

If yes, state the amount thereof at December 31 of the current year:
- 21.21

Rented from others

\$0
- 21.22

Borrowed from others

\$0
- 21.23

Leased from others

\$0
- 21.24

Other

\$0
- 22.1

Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?

Yes [☐] No [☒ X]
- 22.2

If answer is yes:
- 22.21

Amount paid as losses or risk adjustment

\$0
- 22.22

Amount paid as expenses

\$0
- 22.23

Other amounts paid

\$0

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

23.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes []No [X]

23.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$0

INVESTMENT

24.01

Were all of the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?

Yes [X]No []

24.02

If no, give full and complete information, relating thereto:

24.03

For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04

Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*?

Yes []No []N/A [X]

24.05

If answer to 24.04 is yes, report amount of collateral for conforming programs.

\$0

24.06

If answer to 24.04 is no, report amount of collateral for other programs

\$0

24.07

Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

Yes []No []N/A [X]

24.08

Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes []No []N/A [X]

24.09.

Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

Yes []No []N/A [X]

24.10

For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:

\$0

24.102

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:

\$0

24.103

Total payable for securities lending reported on the liability page:

\$0

25.1

Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.)

Yes []No [X]

25.2

If yes, state the amount thereof at December 31 of the current year:

25.21

Subject to repurchase agreements

\$0

25.22

Subject to reverse repurchase agreements

\$0

25.23

Subject to dollar repurchase agreements

\$0

25.24

Subject to reverse dollar repurchase agreements

\$0

25.25

Placed under option agreements

\$0

25.26

Letter stock or securities restricted as sale – excluding FHLB Capital Stock

\$0

25.27

FHLB Capital Stock

\$0

25.28

On deposit with states

\$0

25.29

On deposit with other regulatory bodies

\$0

25.30

Pledged as collateral – excluding collateral pledged to an FHLB

\$0

25.31

Pledged as collateral to FHLB – including assets backing funding agreements

\$0

25.32

Other

\$0

25.3

For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		\$

26.1

Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes []No [X]

26.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes []No []N/A [X]

27.1

Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes []No [X]

27.2

If yes, state the amount thereof at December 31 of the current year:

\$0

28.

Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [X]No []

28.01

For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
WELL FARGO ADVISORS	950 MAIN AVE,SUITE 300, CLEVELAND OH. 44113
JANNEY MONTGOMERY, SCOTT	822 HANNA BUILDING CLEVELAND, OH, 44115

28.02

For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03

Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes [X]No []

28.04

If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
PNC INVESTMENTS 1900 E9TH ST. CLEVELAND OH	NONE	05/01/2015	SOLD INVESTMENTS , NO LONGER NEEDED

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

28.05

Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository	Name(s)	Address

29.1

Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [X] No []

29.2

If yes, complete the following schedule:

1	2	3
CUSIP	Name of Mutual Fund	Book/Adjusted Carrying Value
19766J 10 2	COLUMBIA US GOV MORT FUND	67,413
67075A 10 6	NUVEEN PREFD & INCOME TERM FUND	45,520
74433A 10 9	PRUDENTIAL ST CORP BOND FUND	24,763
354713 50 5	FRANKLIN STRATEGIC INC FUND	41,708
30283A 13 6	FIRST TRUST DEEP VALUE DIV 1	43,517
30284F 80 3	FIRST TRUST EUROPEAN DEEP VALUE DIV	37,606
30285G 58 6	FIRST TRUST DIVIRS EQ STR	47,350
30286C 64 2	FIRST TRUST INT RATE HEDGE 94	41,124
30285X 40 7	FIRST TRUST TGT GLOBAL	47,857
29.2999 TOTAL		396,858

29.3

For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holdings	Date of Valuation
COLUMBIA US GOV MORT FUND	FNMA 4%	3,991	01/31/2016
NUVEEN PREFD & INC TERM FUND	WELS FARGO CO	1,821	01/26/2016
PRUDENTIAL ST CORP BOND FUND	US COATINGS	562	01/31/2016
FRANKLIN STRATEGIC INC FUND	FRANKLIN LOWER TIER FLOAT R	1,906	12/31/2015
FIRST TRUST DEEP VALUE DIV 1	CISCO SYSTEMS INC	1,741	12/31/2015
FIRST TRUST EUROPEAN DEEP VALUE DIV	BELLWAY P&C	2,444	02/25/2016
FIRST TRUST DIVERS EQ STR	CHUBB LTD.	616	02/25/2016
FIRST TRUST INT RATE HEDGE 94	COHEN &STEERS REALTY	1,562	02/25/2016
FIRST TRUST TGT GLOBAL	SIBANYE GOLD LIMITED	1,754	02/25/2016

30.

Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1	2	3
		Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	16,152,605	15,794,805	(357,800)
30.2	Preferred Stocks	50,000	50,350	350
30.3	Totals	16,202,605	15,845,155	(357,450)

30.4

Describe the sources or methods utilized in determining fair values:

31.1

Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [X] No []

31.2

If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [X] No []

31.3

If the answer to 31.2 is no, describe the reporting entity's process for determining a reliance pricing source for purposes of disclosure of fair value for Schedule D:

32.1

Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [X] No []

32.2

If no, list exceptions:

OTHER

33.1

Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$

0

33.2

List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid
	\$

34.1

Amount of payments for legal expenses, if any?

\$

0

34.2

List the name of the firm and the amount paid if any such payment represented25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
	\$

35.1

Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

\$

0

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

35.2

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$

GENERAL INTERROGATORIES

PART 2 – LIFE INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [☐]	No [☒ X]
1.2	If yes, indicate premium earned on U.S. business only.	\$	
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$	
1.31	Reason for excluding:		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2 above.	\$	
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$	
1.6	Individual policies:		
	Most current three years:		
1.61	Total premium earned	\$	
1.62	Total incurred claims	\$	
1.63	Number of covered lives	\$	
	All years prior to most current three years:		
1.64	Total premium earned	\$	
1.65	Total incurred claims	\$	
1.66	Number of covered lives	\$	
1.7	Group policies:		
	Most current three years:		
1.71	Total premium earned	\$	
1.72	Total incurred claims	\$	
1.73	Number of covered lives	\$	
	All years prior to most current three years:		
1.74	Total premium earned	\$	
1.75	Total incurred claims	\$	
1.76	Number of covered lives	\$	
2.1	Does the reporting entity have Separate Accounts?	Yes [☐]	No [☒ X]
2.2	If yes, has a Separate Accounts statement been filed with this Department	Yes [☐]	No [☐] N/A[☒ X]
2.3	What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?	\$	
2.4	State the authority under which Separate Accounts are maintained:		
2.5	Was any of the reporting entity's Separate Accounts business reinsured as of December 31?	Yes [☐]	No [☒ X]
2.6	Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?	Yes [☐]	No [☒ X]
2.7	If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)?"	\$	
3.	Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government?	Yes [☒ X]	No [☐]
4.	How often are meetings of the subordinate branches required to be held?		
	<u>MONTHLY</u>		
5.	How are the subordinate branches represented in the supreme or governing body?		
	<u>BY DELEGATE</u>		
6.	What is the basis of representation in the governing body?		
	<u>ONE DELEGATE AND ONE ALTERNATE FOR EACH 100 MEMBERS OR FRACTION THEREOF</u>		
7.1	How often are regular meetings of the governing body held?		
	<u>EVERY FOUR (4) YEARS.</u>		
7.2	When was the last regular meeting of the governing body held?	08/25/2014	
7.3	When and where will the next regular or special meeting of the governing body be held?		
	<u>2018 IN CLEVELAND OHIO</u>		
7.4	How many members of the governing body attended the last regular meeting?		32
7.5	How many of the same were delegates of the subordinate branches?		32
8.	How are the expenses of the governing body defrayed?		
	<u>GENERAL FUNDS</u>		
9.	When and by whom are the officers and directors elected?		
	<u>AT THE CONVENTION , BY THE DELEGATES</u>		

GENERAL INTERROGATORIES

PART 2 – LIFE INTERROGATORIES

10.

What are the qualifications for membership?
GOOD MORAL CHARACTER AND HEALTH, OF THE CHRISTIAN FAITH

11.

What are the limiting ages for admission?
0-90

12.

What is the minimum and maximum insurance that may be issued on any one life?
MINIMUM -\$2,000. MAXIMUM-\$35,000. WITH AMOUNTS OVER \$35,000 REINSURED

13.

Is a medical examination required before issuing a benefit certificate to applicants?

Yes [☐] No [☒ X]

14.

Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation?

Yes [☐] No [☒ X]

15.1

Are notices of the payments required sent to the members?

Yes [☒ X] No [☐] N/A [☐]

15.2

If yes, do the notices state the purpose for which the money is to be used?

Yes [☒ X] No [☐]

16.

What proportion of first and subsequent year's payments may be used for management expenses?

16.11

First Year

%

16.12

Subsequent Years

%

17.1

Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or payments for the same, used for expenses?

Yes [☐] No [☒ X]

17.2

If so, what amount and for what purpose?

\$

18.1

Does the reporting entity pay an old age disability benefit?

Yes [☐] No [☒ X]

18.2

If yes, at what age does the benefit commence?

19.1

Has the constitution or have the laws of the reporting entity been amended during the year?

Yes [☐] No [☒ X]

19.2

If yes, when?

20.

Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and all of the laws, rules and regulations in force at the present time?

Yes [☒ X] No [☐]

21.1

State whether all or a portion of the regular insurance contributions were waived during the current year under premium-paying certificates on account of meeting attained age or membership requirements?

Yes [☐] No [☒ X]

21.2

If so, was an additional reserve included in Exhibit 5?

Yes [☐] No [☐] N/A [☒ X]

21.3

If yes, explain

22.1

Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year?

Yes [☐] No [☒ X]

22.2

If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, on an account of such reinsurance, amalgamation, absorption, or transfer of membership or funds?

Yes [☐] No [☐] N/A [☒ X]

23.

Has any present or former officer, director, trustee, incorporator, or any other persons, or any firm, corporation, society or association, any claims of any nature whatsoever against this reporting entity, which is not included in the liabilities on Page 3 of this statement?

Yes [☐] No [☒ X]

24.1

Does the company have variable annuities with guaranteed benefits?

Yes [☐] No [☒ X]

24.2

If 24.1 is yes, complete the following table for each type of guaranteed benefit.

Type		3	4	5	6	7	8	9
1	2	Waiting Period Remaining	Account Value Related to Col. 3	Total Related Account Values	Gross Amount of Reserve	Location of Reserve	Portion Reinsured	Reinsurance Reserve Credit
Guaranteed Death Benefit	Guaranteed Living Benefit							

25.

For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

25.1

Amount of loss reserves established by these annuities during the current year:

\$

25.2

List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

1	2
P&C Insurance Company and Location	Statement Value on Purchase Date of Annuities (i.e., Present Value)
	\$

26.1

Do you act as a custodian for health savings accounts?

Yes [☐] No [☒ X]

26.2

If yes, please provide the amount of custodial funds held as of the reporting date.

\$

26.3

Do you act as an administrator for health savings accounts?

Yes [☐] No [☒ X]

26.4

If yes, please provide the balance of the funds administered as of the reporting date.

\$

27.1

Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus?

Yes [☐] No [☒ X]

27.2

If yes, what is the date(s) of the original lien and the total outstanding balance of liens that remain in surplus?

Date	Outstanding Lien Amount
	\$

28.1

Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes [☐] No [☐] N/A [☒ X]

GENERAL INTERROGATORIES

PART 2 – LIFE INTERROGATORIES

28.2 If the answer to 28.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
	0					

29. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).

29.1	Direct Premiums Written	\$	
29.2	Total Incurred Claims	\$	
29.3	Number of Covered Lives		

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.
Amounts of life insurance in this exhibit should be shown in thousands (omit 000).

	1 2015	2 2014	3 2013	4 2012	5 2011
Life Insurance in Force (Exhibit of Life Insurance)					
1. Total (Line 21, Column 2).....	18,909	18,909	18,922	18,931	18,745
New Business Issued (Exhibit of Life Insurance)					
2. Total (Line 2, Column 2).....	240	182	83	280	412
Premium Income (Exhibit 1, Part 1)					
3. Life insurance - first year (Line 9.4, Column 2).....	70,869	52,990	16,976	33,306	20,009
4. Life insurance - single and renewal (Lines 10.4 and 19.4, Column 2).....	19,871	21,386	58,950	87,599	94,451
5. Annuity (Line 20.4, Column 3).....	848,980	1,235,499	994,955	978,203	1,292,135
6. Accident and health (Line 20.4, Column 4).....					
7. Aggregate of all other lines of business (Line 20.4, Column 5).....					
8. Total (Line 20.4, Column 1).....	939,720	1,309,875	1,070,881	1,099,108	1,406,595
Balance Sheet Items (Pages 2 and 3)					
9. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	17,788,487	17,345,072	16,176,566	15,165,569	14,596,661
10. Total liabilities excluding Separate Accounts business (Page 3, Line 23).....	15,160,086	14,849,576	13,806,690	13,062,179	11,973,612
11. Aggregate reserve for life certificates and contracts (Page 3, Line 1).....	14,598,161	14,256,057	13,190,745	12,332,959	11,649,295
12. Aggregate reserve for accident and health certificates (Page 3, Line 2).....					
13. Deposit-type contract funds (Page 3, Line 3).....					
14. Asset valuation reserve (Page 3, Line 21.1).....	277,655	312,367	387,714	488,478	115,709
15. Surplus (Page 3, Line 30).....	2,628,401	2,495,496	2,369,876	1,978,389	2,623,049
Cash Flow (Page 5)					
16. Net cash from operations (Line 11).....	459,957	1,163,991	815,573	374,674	1,076,769
Risk-Based Capital Analysis					
17. Total Adjusted Capital.....	2,926,416	2,827,863	2,782,590	2,522,614	2,788,758
18. 50% of the Calculated RBC Amount.....	213,110	197,978	201,612	513,772	346,714
Percentage Distribution of Cash, Cash Equivalent and Invested Assets (Page 2, Col. 3) (Line No. ÷ Page 2, Line 12, Col. 3) x 100.0					
19. Bonds (Line 1).....	91.8	87.3	79.4	53.9	60.3
20. Stocks (Lines 2.1 and 2.2).....	2.9	5.1	8.0	12.1	4.8
21. Mortgage loans on real estate (Lines 3.1 and 3.2).....					
22. Real estate (Lines 4.1, 4.2 and 4.3).....	0.2	0.3	0.3	0.4	0.1
23. Cash, cash equivalents and short-term investments (Line 5).....	4.2	6.5	11.4	9.4	18.9
24. Contract loans (Line 6).....	0.8	0.8	0.9	0.9	0.9
25. Derivatives (Line 7).....					
26. Other invested assets (Line 8).....				23.3	15.0
27. Receivable for securities (Line 9).....					
28. Securities lending reinvested collateral assets (Line 10).....					
29. Aggregate write-ins for invested assets (Line 11).....					
30. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0
Investments in Subsidiaries and Affiliates					
31. Affiliated bonds (Schedule D Summary, Line 12, Col. 1).....					
32. Affiliated preferred stock (Schedule D Summary, Line 18, Col. 1).....					
33. Affiliated common stock (Schedule D Summary, Line 24, Col. 1).....					
34. Affiliated short-term investments (subtotals included in Sch. DA, Verif., Col. 5, Line 10).....					
35. Affiliated mortgage loans on real estate.....					
36. All other affiliated.....					
37. Total of above Lines 31 to 36.....	0	0	0	0	0
38. Total investment in parent included in Lines 31 to 36 above.....					
Total Nonadmitted Assets and Admitted Assets					
39. Total nonadmitted assets (Page 2, Line 28, Col. 2).....					
40. Total admitted assets (Page 2, Line 28, Col. 3).....	17,788,487	17,345,072	16,176,566	15,165,569	14,596,661
Investment Data					
41. Net investment income (Exhibit of Net Investment Income, Line 17).....	849,073	806,817	698,112	568,642	562,205
42. Realized capital gains (losses) (Page 4, Line 30, Column 1).....	(7,777)	12,578	248,020	4,334	
43. Unrealized capital gains (losses) (Page 4, Line 34, Column 1).....	(47,039)	(4,479)	(139,145)	(182,324)	13,864
44. Total of above Lines 41, 42 and 43.....	794,257	814,916	806,987	390,652	576,069

CZECH CATHOLIC UNION
FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2015	2 2014	3 2013	4 2012	5 2011
Benefits and Reserve Increases (Page 6)					
45. Total Certificate Benefits - Life (Lines 10, 11, 12, 13 and 14, Column 7 less Line 13, Column 5).....	995,969	647,127	588,959	942,305	494,635
46. Total Certificate Benefits - Accident and Health (Line 13, Column 5).....					
47. Increase in Life Reserves (Line 17, Column 2).....	14,180	(24,562)	87,078	38,461	35,688
48. Increase in Accident and Health Reserves (Line 17, Column 5).....					
49. Refunds to Members (Line 28, Column 1).....	35,427	30,679	535	75,349	74,785
Operating Percentages					
50. Insurance Expense Percent (Page 6, Column 1, Lines 19, 20 and 21 less Line 6, Column 1) ÷ (Page 6 Column 1, Line 1) x 100.0.....	28.5	25.9	24.6	27.1	21.1
51. Lapse Percent [(Exhibit of Life Insurance, Column 2, Lines 14 and 15) ÷ 1/2 (Exhibit of Life Insurance, Column 2, Lines 1 and 21)] x 100.0.....		0.8	0.6	0.3	0.5
52. Accident and Health Loss Percent (Schedule H, Part 1, Lines 5 and 6, Column 2).....					
53. A&H cost containment percent (Schedule H, Part 1, Line 4, Column 2).....					
54. Accident and Health Expense Percent Excluding Cost Containment Expenses (Schedule H, Part 1, Line 10, Column 2).....					
Accident and Health Reserve Adequacy					
55. Incurred Losses on Prior Years' Claims (Schedule H, Part 3, Line 3.1, Column 1).....					
56. Prior Years' Liability and Reserve (Schedule H, Part 3, Line 3.2, Column 1).....					
Net Gains from Operations After Refunds to Members by Lines of Business (Page 6, Line 29)					
57. Life Insurance (Column 2).....	160,829	57,516	10,079	(217,295)	(139,099)
58. Annuity (Column 3).....	35,974	36,717	48,099	(119,371)	41,380
59. Supplementary Contracts (Column 4).....					
60. Accident and Health (Column 5).....					
61. Aggregate of All Other Lines of Business (Column 6).....					
62. Fraternal (Column 8).....	(43,794)	(49,915)			
63. Expense (Column 9).....					
64. Total (Column 1).....	153,009	44,318	58,178	(336,666)	(97,719)

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes[] No[]

If no, please explain:

EXHIBIT OF LIFE INSURANCE

	1 Number of Certificates	2 Amount of Insurance (a)
1. In force end of prior year.....	3,722	18,852
2. Issued during year.....	41	240
3. Reinsurance assumed.....		
4. Revived during year.....		
5. Increased during year (net).....	61	61
6. Subtotals, Lines 2 to 5.....	102	301
7. Additions by refunds during year.....	XXX	
8. Aggregate write-ins for increases.....	0	0
9. Totals (Line 1 plus Line 6 to Line 8).....	3,824	19,153
Deductions During Year:		
10. Death.....		
11. Maturity.....		
12. Disability.....		
13. Expiry.....		
14. Surrender.....		
15. Lapse.....		
16. Conversion.....		
17. Decreased (net).....	120	244
18. Reinsurance.....		
19. Aggregate write-ins for decreases.....	0	0
20. Totals (Lines 10 to 19).....	120	244
21. In force end of year (b) (Line 9 minus 20).....	3,704	18,909
22. Reinsurance ceded end of year.....	XXX	82
23. Line 21 minus Line 22.....	XXX	18,827

DETAILS OF WRITE-INS		
0801.		
0802.		
0803.		
0898. Summary of remaining write-ins for Line 8 from overflow page.....	0	0
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above).....	0	0
1901.		
1902.		
1903.		
1998. Summary of remaining write-ins for Line 19 from overflow page.....	0	0
1999. Totals (Lines 1901 thru 1903 plus 1998) (Line 19 above).....	0	0

- (a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).
- (b) Paid-up insurance included in the final totals of Line 21 (including additions to certificates), number of certificates.....3,578 , Amount, \$.....17,928,452.
Additional accidental death benefits included in life certificates were in amount, \$.....0. Does the society collect any contributions from members for general expenses of the society under fully paid-up certificates? Yes [] No [X]
If not, how are such expenses met?.....FROM GENERAL FUND

EXHIBIT OF NUMBERS OF CERTIFICATES FOR SUPPLEMENTARY CONTRACTS, ANNUITIES AND ACCIDENT AND HEALTH INSURANCE

	1 Supplementary Contracts (Involving Life Contingencies)	2 Supplementary Contracts (Not Involving Life Contingencies)	3 Individual Annuities	4 Accident & Health Insurance
1. In force end of prior year.....				
2. Issued during year.....				
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. TOTALS (Lines 1 to 4).....	0	0	0	0
Deduction during year:				
6. Decreased during year (net).....				
7. Reinsurance ceded.....				
8. TOTALS (Lines 6 and 7).....	0	0	0	0
9. In force end of year (Line 5 minus Line 8).....	0	0	0	0
10. Amount on deposit.....				XXX
Income now payable:				
11. Amount of income payable.....				XXX
Deferred fully paid:				
12. Account balance.....	XXX	XXX		XXX
Deferred not fully paid:				
13. Account balance.....	XXX	XXX		XXX

CZECH CATHOLIC UNION
SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS
Allocated by States and Territories

States, Etc.			1	Direct Business					
				Life Contracts		4	5	6	7
				2	3				
			Active Status	Life Insurance Premiums	Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5	Deposit-Type Contracts
1.	Alabama.....	AL	N					.0	
2.	Alaska.....	AK	N					.0	
3.	Arizona.....	AZ	N					.0	
4.	Arkansas.....	AR	N					.0	
5.	California.....	CA	N					.0	
6.	Colorado.....	CO	N					.0	
7.	Connecticut.....	CT	N					.0	
8.	Delaware.....	DE	N					.0	
9.	District of Columbia.....	DC	N					.0	
10.	Florida.....	FL	N					.0	
11.	Georgia.....	GA	N					.0	
12.	Hawaii.....	HI	N					.0	
13.	Idaho.....	ID	N					.0	
14.	Illinois.....	IL	L	7,252				7,252	
15.	Indiana.....	IN	N					.0	
16.	Iowa.....	IA	L	369				369	
17.	Kansas.....	KS	N					.0	
18.	Kentucky.....	KY	N					.0	
19.	Louisiana.....	LA	N					.0	
20.	Maine.....	ME	N					.0	
21.	Maryland.....	MD	N					.0	
22.	Massachusetts.....	MA	N					.0	
23.	Michigan.....	MI	L	511	1,800			2,311	
24.	Minnesota.....	MN	N	4,222	175,584			179,806	
25.	Mississippi.....	MS	N					.0	
26.	Missouri.....	MO	N	1,983	150			2,133	
27.	Montana.....	MT	N					.0	
28.	Nebraska.....	NE	N	4,202				4,202	
29.	Nevada.....	NV	N					.0	
30.	New Hampshire.....	NH	N					.0	
31.	New Jersey.....	NJ	N					.0	
32.	New Mexico.....	NM	N					.0	
33.	New York.....	NY	N	4,100	15,000			19,100	
34.	North Carolina.....	NC	N					.0	
35.	North Dakota.....	ND	N					.0	
36.	Ohio.....	OH	L	24,460	656,470			680,930	
37.	Oklahoma.....	OK	N					.0	
38.	Oregon.....	OR	N					.0	
39.	Pennsylvania.....	PA	L	410	(24)			386	
40.	Rhode Island.....	RI	N					.0	
41.	South Carolina.....	SC	N					.0	
42.	South Dakota.....	SD	N					.0	
43.	Tennessee.....	TN	N					.0	
44.	Texas.....	TX	N					.0	
45.	Utah.....	UT	N					.0	
46.	Vermont.....	VT	N					.0	
47.	Virginia.....	VA	N					.0	
48.	Washington.....	WA	N					.0	
49.	West Virginia.....	WV	N					.0	
50.	Wisconsin.....	WI	N					.0	
51.	Wyoming.....	WY	N					.0	
52.	American Samoa.....	AS	N					.0	
53.	Guam.....	GU	N					.0	
54.	Puerto Rico.....	PR	N					.0	
55.	US Virgin Islands.....	VI	N					.0	
56.	Northern Mariana Islands.....	MP	N					.0	
57.	Canada.....	CAN	N					.0	
58.	Aggregate Other Alien.....	OT	XXX	.0	.0	.0	.0	.0	.0
59.	Subtotal.....	(a).....5		47,509	848,980	.0	.0	896,489	.0
90.	Reporting entity contributions for employee benefit plans.....	XXX						.0	
91.	Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX		35,427				35,427	
92.	Dividends or refunds applied to shorten endowment or premium paying period.....	XXX						.0	
93.	Premium or annuity considerations waived under disability or other contract provisions.....	XXX						.0	
94.	Aggregate other amounts not allocable by State.....	XXX		.0	.0	.0	.0	.0	.0
95.	Totals (Direct Business).....	XXX		82,936	848,980	.0	.0	931,916	.0
96.	Plus Reinsurance Assumed.....	XXX						.0	
97.	Totals (All Business).....	XXX		82,936	848,980	.0	.0	931,916	.0
98.	Less Reinsurance Ceded.....	XXX		.337				.337	
99.	Totals (All Business) less reinsurance ceded.....	XXX		82,599	848,980	(b).....0	.0	931,579	.0

DETAILS OF WRITE-INS							
58001.	.....	XXX				.0	
58002.	.....	XXX				.0	
58003.	.....	XXX				.0	
58998.	Summ. of remaining write-ins for line 58 from overflow	XXX	0	0	0	0	0
58999.	Total (Lines 58001 thru 58003 plus 58998) (Line 58).....	XXX	0	0	0	0	0
9401.	.....	XXX				.0	
9402.	.....	XXX				.0	
9403.	.....	XXX				.0	
9498.	Summ. of remaining write-ins for line 94 from overflow	XXX	0	0	0	0	0
9499.	Total (Lines 9401 thru 9403 plus 9498) (Line 94 above)...	XXX	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, etc., of premiums and annuity considerations.

(a) Insert the number of L responses except for Canada and Other Alien.
(b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Col. 4 or with Schedule H, Part 1, Column 1, Line 1. Indicate which:

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

2015 ALPHABETICAL INDEX
FRATERNAL ANNUAL STATEMENT BLANK

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